

I hereby certify that this correspondence is sent via facsimile transmission to 1-703-872-9306 to Examiner Hartman, and is addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
on July 19, 2004

Date of Deposit

David W. Okcy. Regis. No. 42,959

Name of applicant, assignee or
Registered Representative

David W. Okcy.

Signature

19 July 2004

Date of Signature

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JUL 19 2004

OFFICIAL

Our Case No. 10541/276

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
Walter Mayer)	
Serial No. 09/842,467)	Examiner Ronald D. Hartman, Jr.
Filing Date: April 26, 2001)	Group Art Unit No. 2121
For: Automatic Procedure for Locating Addresses on a Bus System)	

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In reply to the restriction requirement mailed June 29, 2004, Applicant has timely filed this Response, as evidenced by the above Certificate of Facsimile Transmission. Applicants elect Group I with traverse.

Remarks/arguments begin on p. 2 of this paper.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Walter Mayer

Appln. No.: 09/842,467

Filed: April 26, 2001

For: Automatic Procedure for Locating Addresses
on a Bus System

Attorney Docket No: 10541-276

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Examiner: Ronald D. Hartman, Jr. JUL 19 2004

Art Unit: 2121

OFFICIAL

MS Non-Fee Amendment
Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

Response to Restriction Requirement

 Return Receipt Postcard

Fee calculation and payment:

No additional fee is required.
 An extension fee in an amount of \$ _____ for a _____-month extension of time under 37 C.F.R. § 1.138(a).
 A petition or processing fee in an amount of \$ _____ under 37 C.F.R. § 1.17(____).
 An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total		Minus		
Indep.		Minus		
First Presentation of Multiple Dep. Claim				

Small Entity		Other Than Small Entity	
Rate	Add'l Fee	Rate	Add'l Fee
x \$9=		x \$18=	
x 42=		x \$84=	
+\$140=		+\$280=	
Total	\$	Total	\$

Fee calculation and payment:

A check in the amount of \$ _____ to cover the above-identified fee(s) is enclosed.
 Please charge Deposit Account No. 06-1500 (VISTEON GLOBAL TECHNOLOGIES, INC.) in the amount of \$ _____. A copy of this Transmittal is enclosed for this purpose.
 The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.18 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 06-1500. A copy of this Transmittal is enclosed for this purpose.

Respectfully submitted,

Date

(Reg. No. 42,1959
Attorney/Agent for Applicant*David W. Oley*

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Group facsimile no.: (703) 872-9306) on the below date:

Date: *July 19, 2004* Name: *DAVID W. OLEY* Signature: *DAVID W. OLEY*BRINKS
HOFFER

BRINKS HOFFER GILSON & LIONE

P.O. Box 10395

PAGE 1/3 * RCVD AT 7/19/2004 12:31:26 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/5 * DNI:8729306 * CSID:312 321 4299 * DURATION (mm:ss):01:04

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